

In the event, the findings of 1947 were, in relation to those of 1932, somewhat baffling. On the one hand, the negative association between intelligence and size of family was shown as strongly as ever. Table XVI (on pp. 102-6) and Fig. 5 (on p. 108) are very striking in that sense. On the other hand, the average scores of intelligence points over the whole 70,805 were definitely higher than over the 87,498 tested in 1932. That is, the standard of Scottish eleven-year-old intelligence, instead of having declined during the fifteen years, had apparently risen. Such is the showing of the group tests; the individual tests, as explained above, do not admit of the same direct comparison. But when suitable allowances have been made, the Report does not find that they yield any evidence of decline either.

How are we to account for the apparent contradiction between the results of the group tests? The reviewer's own inclination is to refer much of it to the environmental difference between 1932 and 1947 alluded to above. An eleven-year-old child, with any given degree of inherited intelligence, must be expected to make a better show at a group intelligence test, if he has behind him seven years of good nutrition with all the vitamins, than if his history for the same period has been one of underfeeding and hardship. But there is another large factor which might help to disguise a decline in inherited intelligence—the factor which Professor Godfrey Thomson calls "test sophistication." Between 1932 and 1947 many developments had intervened to familiarize school children, if not with tests themselves, at all events with "procedures in class teaching, in school reading books, in newspaper 'puzzle corners,' and in wireless broadcasts, similar to those used in tests."

But such explanations, however high one may rate their claims, cannot be *proved*. Only another comparable enquiry held in 1962 might silence doubts on the subject. Several explanations have been put forward to reconcile the contradictory showings of 1947 on the assumption that both are equally valid; and though none have so far seemed very convincing, they cannot be flatly ruled out.

The main body of the Report falls into nine chapters. In the first Dr. R. R. Rusk traces the steps by which the 1947 enquiry was set on foot; in the second Dr. Douglas McIntosh describes the administrative arrangements. Mr. D. Kennedy-Fraser is responsible for the chapter on individual testing, and Mr. J. Maxwell for the two chapters on the correction of the scripts and the results of the group test. The main threads are then drawn together by Professor Godfrey Thomson (who also contributes a luminous preface to the whole volume), Dr. J. A. Fraser Roberts and Professor D. V. Glass.

Side by side with that part of the 1947 enquiry which was designed to repeat the enquiry of 1932, the opportunity was taken to obtain some carefully chosen sociological data, which had not been sought on the earlier occasion. The materials thus obtained (amounting to a separate parallel enquiry of large dimensions) are discussed in a special chapter by the late Mr. J. Miller Young, and further allusions to them are made by Professor Godfrey Thomson and Professor Glass. But it would appear that they constitute a rich mine as yet only partially explored. The data having now been transferred to cards are easily available for any relevant use; and Professor Glass suggests a number of researches for which they might well be utilized.

R. C. K. ENSOR.

## SOCIAL MEDICINE

**Ryle, John A.** *Changing Disciplines*. London, 1948. Geoffrey Cumberlege. Pp. 122. Price 12s. 6d.

THIS little book is already regarded by many as the modern classical exposition of the philosophy of social medicine and social pathology. "... the medicine and pathology of families, groups, societies, or larger populations."

Professor Ryle includes in his book the substance of two lectures he delivered in America—one on "Social Pathology and the New Age in Medicine," the other an account

of the Oxford experiment in teaching and research in social medicine.

His plea is for an extended study of ætiology—of the ultimate causes of disease, and for the necessity of establishing a base line for “normal” health. Without these it is difficult to formulate a rational plan for the prevention of disease and the achievement of positive health.

The social pathologist, by analysing the available statistical information of groups (mortality and morbidity) and by *ad hoc* socio-medical surveys, may acquire information enabling him to indicate on which factor or factors we should concentrate in order to prevent disease. The hygienist, by a study of groups, might be able to ascertain the ætiology, incidence and manifestations of “health” and thereby suggest ways of securing its upward trend.

The medical profession have, in the past, paid too much attention to cases of individual disease and have mostly ignored or overlooked the importance of the whole man and his family and of their relationship to the larger communities of which they are but a part.

Many public health doctors claim that they have been preaching and practising social medicine for many years but Professor Ryle is at pains to point out the differences between “public health” and “social medicine.” For example, the “public health”

approach has been from a narrow environmental point of view (housing, water supplies, drainage), while with “social medicine” the emphasis is on *man* and the study of man in a larger environment which takes account of “the whole of the economic, nutritional, occupational, educational and psychological opportunity or experience of the individual or the community.” Again, “public health” has been interested mainly in communicable disease, whereas “social medicine” is concerned in the epidemiology of *all* diseases which are prevalent in the community. Lastly “social medicine” also embraces social diagnosis and social therapeutics.

Many of Professor Ryle’s differences are invalid, for health departments, throughout their history, have always adapted their preventive programmes so as to keep pace with medical and social advances. The old narrow conception of public health is as dead as the corpses resulting from the physicians’ nostrums.

The importance of this book, and indeed of all the new University departments of social medicine, lies in the fact that we now have a real promise of future doctors taking an intelligent interest in the prevention of disease and the maintenance of health, at the expense, let us hope, of his preoccupation with disease.

R. C. W.

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